

S-E-C-R-E-T

TO : C/SOT
FROM : Dispensary
SUBJECT: Medical Excused Absences

Please excuse _____ from:

- ☐ All physical training until _____
- ☐ Limited physical training until _____
- ☐ Field exercises until _____
- ☐ Classroom work until _____

DATE _____ HOUR _____ MEDICAL DEPARTMENT

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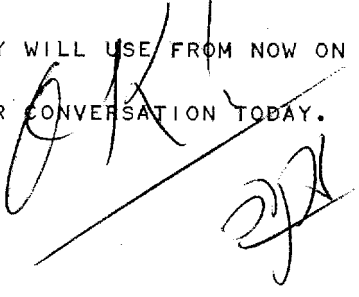
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TRANSMITTAL SLIP		DATE 10/20/66
TO: COS		
OOM NO.	BUILDING	
REMARKS: 25X1A [REDACTED] BROUGHT THIS UP - SAID IT IS WHAT THEY WILL USE FROM NOW ON PER YOUR EARLIER CONVERSATION TODAY. 		
FROM: MES		
ROOM NO.	BUILDING	EXTENSION

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

GPO : 1957-O-439445

(47)